FILED

Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90022 001 ***150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F64470

C.G. KAGAN, INC.

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Principal Plac	ce of Busines	s	Maili	ng Address				OUR OF OUR DIRECT SERVICE	BON CHAN BIRN O	8 8 6 8 6 6	
1201 S. DCEAN DRIVE #1905 N.T. 1905 N.T. HOLLYWOOD FL 33019 US				1201 S. OCEAN DRIVE #1905 N.T. HOLLYWOOD FL 33019				DO NOT WRITE IN THIS SPACE			
<i>±</i>				_			3. Date Incorporate 01/25/1982	ted or Qualified			
2. Principal Place of Business			2a. M	2a. Mailing Address			4. FEI Number			Applied For	
21 Suite And # and			26				<u>59-2187550</u>			Not Applicable	
Suite, Apt. #, etc.			27 S	27			5. Certificate of St	atus Desired		8.75 Additional Fee Required	
City & State			28	City & State			6. Election Campa Trust Fund Con	-		\$5.00 May Be Added to Fees	
Zip		Country	Zi	ip	Count	ry	8. This corporation		nt vear		
24		25	29		30		Intangible Perso		· 🗀	es 12/No	
	9. Name	and Address of C	urrent Register	ed Agent			10. Name and Add	ress of New Re	gistered Age		
KVC	AN CHADL	E9 C) 8	1 Name					
KAGAN, CHARLES G					8	2 Street	Address (P.O. Box Number	is Not Acceptable	(e)		
1201 S OCEAN DR								_	_		
#1905 H.T. HOLLYWOOD FL 33019					8						
					[8	4 City			FL 8	5 Zip Code	
onice or	am familiar	ent, or both, in the th, and accept the	State of Florida.	Such change was extion 607.0505, F	s authorized b	iv the corno	orporation submits this state oration's board of directors.	ement for the purp I hereby accept t	pose of chang the appointment	ing its registered ent as registered	
12.	gnature, typed	OF COST	S AND DIRECT			Agent signatur	e required when reinstating)	·	DATE	_/_/_	
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	PTD				13.		ADDITIONS/CHA	NGES TO OFFIC	~~~		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 1-954-921-8472 SIGNATURE:

6.4 CiTY-ST-ZIP

7/3/99 F64470 DIVISION OF CONFORMATIONS 596414-90022-1 Jam enclosing my Chelk C. G. Kagon, Ine